except by *common* causes, that is, the atmosphere of Charleston must be in the same condition as the atmosphere of Havana, or elsewhere, from local causes, to produce or favor an epidemic; and if not in this like condition, no epidemic can possibly result from such importation.

"Charleston and other cities of the United States charge Havana with inflicting this terrible disease upon them; and Havana, on the other hand, attributes the sin of yellow fever to Siam—asserting that it never existed there until it was imported into the city from Siam. Be this true or not, it is very certain that it existed in Greece; and the very same disease that now prevails in the West Indies, Charleston, and other cities on the Atlantic coast, was described by Hippocrates nearly 300 years before the birth of Christ.

"This illustrious Greek," says Professor Potter, "observed the disease he so well describes in the mild climate of his native soil, almost in the parallel latitude in which we live. He speaks a language without disguise, susceptible of but one interpretation. The *tout ensemble* of his faithful picture portrays the disease in colours as glowing as those of Chisholm, Rush, Geddings, or Dickson. He enumerates the more prominent symptoms, under the following appellations: Καυσος (*causos*), a burning (inflammatory?) fever, attended with excessive thirst; Τυφος (*typhos*), a stupor or coma; Φρενιτις (*phrenitis*), an inflammation of the brain or its investing membranes (*acute delirium?*); Ικτερος (*Icteros*), a yellowness of the skin; and he caps the climax of the malignant picture by the words Μελανα εμετον (*Melana emeton*), black vomit; and Μελανων εμετον (*melanon emeton*), the vomiting black matter." * * "'In burning fevers,' says Hippocrates, 'yellowness of the skin, on the fifth day, especially if accompanied by a singultus, is a sign of great malignancy.' These symptoms are seen during every epidemic in Charleston." D. F. C.

ART. XIX.—*Contributions to Midwifery, and Diseases of Women and Children, with a Report on the Progress of Obstetrics, and Uterine and Infantile Pathology in* 1858. By E. NOEGGERATH, M. D., and A. JACOBI, M. D. New York, 1859, Bailliere Brothers. 8vo. pp. 466.

THIS is the first volume of what is intended to be—if we understand the editors aright—an annual register of the leading contributions to obstetrics, and to uterine and infantile pathology and therapeutics—embracing a notice of every original article or monograph published during the preceding year, which appears to present anything of importance; with a record of the titles at least, of those of less value, or which are beyond the reach of the editors.

The conception and plan of the work are excellent. If these be carried out with the same ability that is evinced in the preparation of the volume before us, it cannot fail to become a most valuable repertory of the recent facts and observations, contributed by the leading contemporary authorities of our profession, especially those of continental Europe; which will thus be rendered accessible to the physicians of this country.

It is most certain that, with the large and important additions which are constantly being made to almost every department of medical science and practice, but more especially to our knowledge of the pathology and treatment of the diseases of women and children, through the medium of either monographs of more or less pretension, transactions of medical societies, or contributions to the professional journals of our own and other countries, it is with difficulty that the student of the present day is able to make himself acquainted with the actual progress and condition of our science in general, or in reference to the particular branches in which he is the most interested. Few have the time and still fewer the means to procure and consult each new medical publication as it appears, and the various professional transactions and periodicals, both domestic and foreign, with the view of culling from them whatever they may present of new and valuable. Some one with the time, talents and facilities required for its execution, must take upon himself the task of col-

lecting, digesting, and arranging the most important of their contents; presenting them in a form that shall be readily accessible to every physician, and thus place within the reach of all the results of the current labours of the entire medical profession in the investigation of the etiology, pathology and therapeutics of disease. Such is the leading object of the publication under notice. It is divided into two parts: The first is devoted to original articles, and the second to the report on the progress of obstetrics, and of uterine and infantile pathology during the year 1858. The original papers with one or two that had already appeared in the *New York Journal of Medicine*, are all contributed by either Drs. Noeggerath or Jacobi. Whether the original department is to be kept up hereafter we know not. All we learn in reference to the continuance of the work is from the following sentence towards the close of the preface. "From 1858 we intend to keep up a review of every successive year, especially with regard to German medical literature, provided that it should meet with the approval of the profession."

The first of the original articles in the present volume, is *on the induction of premature labour* by Cohen's method. It is from the pen of Dr. Noeggerath. The paper presents the history of three cases in which premature labour was induced by him according to the method referred to, and the analysis of another reported to the Rensselaer County (N. Y.), medical society, by Dr. Blatchford; with a general summary of the reasons which in the opinion of Dr. Noeggerath recommend as preferable to all others the plan proposed by Dr. Cohen.

The first question to be decided by the practitioner in any case in which delivery at the full term of utero-gestation will involve necessarily the death of the child, while it subjects the mother to much anxiety and suffering, and jeopards, also, in many cases her life, is, the propriety of procuring a premature expulsion of the fœtus. If the decision of this important question be in the affirmative, and the circumstances and period proper for the performance of the operation are satisfactorily settled, the next question of moment that presents itself is, by what means can premature labour be brought about with the greatest certainty, and with the least risk to the safety of both mother and child? Dr. Noeggerath, as we have seen, believes that the method of Dr. Cohen is the one best adapted to fulfil these conditions. This method consists in the introduction of an ordinary sized elastic catheter, through the os tincæ, several inches into the pregnant uterus, between the wall of the latter and the fœtal membranes, and then, with a syringe adjusted to the catheter, injecting a few ounces of water, heated to 90° or 100° of Fahrenheit, at shorter or longer intervals, according to circumstances, until regular expulsive contractions of the organ are induced.

The leading features and the results of the four cases adduced in the paper before us are shown by the following table:—

Authors.	Number of injections.	Duration of labour after first injection.	Fate of children.	Fate of mothers.	Reason for operation.	Remarks.
Blatchford	1	113 hours	Alive	Recovery	Contracted pelvis	Cranial presentation.
Noeggerath	2	23 "	Alive	"	Contracted pelvis	Cranial presentation.
Noeggerath	1	19 "	Dead	"	Contracted pelvis	Cross presentation; turning.
Noeggerath	1	16 "	Died soon after birth	"	Morbus Brightii	Cross presentation; turning.

Dr. Noeggerath admits that the foregoing cases are insufficient, of themselves, to establish the true value of the method recommended by him for the induction of premature labour.

The first, we are told, who conceived the idea of exciting premature contractions of the pregnant uterus with the view to the expulsion of its contents, by the injection into it of warm water, was Scheighaüser, of Strassburg, in his

work, "*Das Gebären nach der beobachteten Natur*," published in 1825. The plan thus suggested was put in practice by Dr. H. M. Cohen, of Hamburg, who called the attention of the profession to it, in a thesis written in 1846. Since then, the medical journals furnish us with the histories of some sixty cases, of prematurely induced labour, in addition to those of Dr. Noeggerath, in which Dr. Cohen's directions were imitated, and with very favourable results.

With regard to the time that elapsed from the first injection to the termination of labour, the shortest period in these cases was three hours, the longest eight days, the average period being two days. The only instance in which the operation failed is recorded in *Scanzoni's Beiträgen zur Geburtskunde*, for 1855, by Dr. Langenheinrich, of Würzburg. In this case it does not appear, however, that a fair trial of the method was made. The catheter being introduced into the womb two inches its further progress was arrested by an unknown obstacle; the water injected was accordingly discharged instantly. Now all authors agree that a considerable portion of the water has to be retained within the womb to induce efficient labour pains. The same thing happened in the second of Dr. Noeggerath's cases, and had he not after repeated attempts found out a region where the catheter could be safely introduced some four or five inches, the operation would have entirely failed. In all the sixty-two reported cases excepting three, the mothers recovered. The deaths in the fatal cases were caused by diseases unconnected with the operation; namely, two from eclampsia and one from puerperal fever. The fate of the child is noted in fifty-eight cases—thirty-six being born alive, and twenty-two (?) dead; the number of deaths corresponding pretty accurately with the number of cross presentations.

"I am sure," remarks Dr. Noeggerath, "that every one who has once tested Dr. Cohen's method, will be struck with the gentleness and promptness of its action, and the simplicity of its execution. In most instances only one or two injections were required, and the average duration of labour from the time of the first injection was two days; not one instance is known of its failure, while the prompt recovery of the mothers, with the exception of those few cases where death resulted from eclampsia, etc., gives us the best guarantee of the harmlessness of the procedure. Moreover, the apparatus required is of such a simple character, that every practitioner, residing in the smallest village, is in possession of them. The performance of the operation requires only a sufficient knowledge of the female sexual organs in the state of gestation—the only precaution to be observed is, to inject the water not with violence and force, but gently and slowly. But we meet, from time to time, with such a disposition of the internal sexual organs, that the introduction of a catheter is absolutely impossible, whether from a firm closure of the os, or from a location of the vaginal portion in an upward or backward direction so that it is out of reach. Under such circumstances, we have to resort to a preparatory treatment in order to change the condition of the lower uterine segment, a treatment which in many cases may prove sufficient to induce efficient labour pains.

"Of all means which may be chosen for this purpose, the douche is no doubt best adapted to our purpose. In acting principally upon the lower circumference of the womb, it is apt to soften the parts, to open somewhat the os, and to bring the vaginal portion more in the direction of the pelvic axis. We will further remark that Cohen's method ought not to be resorted to when induction of labour is required in case of uterine hemorrhage, from whatever cause it may arise. In such cases, nothing can surpass the caoutchouc bladder plug (*Braun's colpeurynter*), which, introduced empty and then filled with iced water, at once controls the bleeding by the double action of cold and pressure, and is almost sure to induce efficient labour pains by its mere presence in the vagina."

The second original paper is on *the advantages and dangers of injecting caustic solutions into the cavity of the uterus*, illustrated by the history of four cases. It is also from the pen of Dr. Noeggerath.

From the circumstances and results of the cases detailed it appears that in one no reaction whatever followed upon the injection of a caustic agent, two exhibited very alarming symptoms, and one resulted in death.

The conclusions drawn from careful considerations based upon the results of these and other cases where the injection of caustic solutions into the cavity of

the uterus was practised, are that the dangers connected with such injections do not so much result from the passage of the caustic into the abdominal cavity through the Fallopian tubes, as from its direct action upon the uterus itself. In the cases where the milder caustics are applied, or where the organ has only a limited degree of susceptibility, the injection is followed by more or less severe endometritis, which generally terminates in resolution. But under opposite circumstances the inflammation may extend to the areolar and muscular tissues of the uterus, and finally to the peritoneum enveloping its body, producing the most disastrous form of metro-peritonitis. The impropriety must be evident, therefore, of resorting to a remedy that may give rise to such violent and even fatal results in those uterine affections which do not directly or immediately endanger the patient's life—such as hypertrophy, ulceration, abnormal secretion, and fungoid excrescences of the uterine mucous membrane. "From this consideration," Dr. Noeggerath remarks, "the treatment of violent hemorrhages is naturally excluded, with regard to them we must act after the principle *aux grand maux les grand remèdes.*"

Dr. Noeggerath is not for the entire exclusion of caustics in the treatment of every form of uterine disease; he would merely inculcate a greater degree of caution in respect to them than is observed by some of our recent specialists.

"There seems," he says, "to exist a certain climax in the different remedies themselves; some of them, although very effectual, are comparatively innocuous, while others are almost always followed by violent reaction. Among the former we count the tincture of iodine, and some of the organic acids, as tannin and benzoe, among the latter the solutions of silver and mercury, as well as the stronger mineral acids. The remedy which most happily combines a high degree of innocuity and of efficiency is the tincture of iodine. I have had frequent occasions to inject it into the cavity of the womb, and as yet have never remarked the least untoward symptom from its application. The use of a strong solution of nitrate of silver is almost always followed by a destruction of part or the whole of the mucous membrane, an incident, which no doubt, is at times required, and intended for effectual treatment, and is in many instances unattended with injury to the patient's health. It, indeed, seems that a solution which in one instance is very well borne, does produce the most alarming symptoms in another person. * * We should, therefore, ascertain the irritability of the womb before we attempt to apply one of the stronger caustics to its inner surface. This can be readily done by throwing a quantity of common water into the uterus, this test to be followed by a series of weaker and stronger irritating injections. A few trials of this kind will soon enable us to learn to what degree we are allowed to saturate the solution. Another advantage of these graduated injections is the fact of their diminishing the uterine irritability, thus preparing the womb for the reception of stronger solutions, in case they should be demanded."

The next paper, by the same gentleman, appeared originally in the *New York Journal of Medicine*, for November, 1858. Its subject is *the employment of pessaries*. After a few sensible but very general remarks on the use and abuse of these instruments, the particular circumstances under which their introduction is demanded, and the inadequacy of almost all of those which are in use to meet the prominent indications for the fulfilment of which it is essential they should be competent, Dr. Noeggerath describes and pictures the hysteropher of Dr. Zwank, of Hamburg, with the modifications of it by Dr. Schilling, of Munich, and Dr. Eulenburg, of Coblentz. The action of this instrument is to gently expand the lateral portions, while it sustains the superior wall of the vagina, thus preventing its inversion, and consequently the descent of the uterus. Dr. Noeggerath, although inclined to avoid as much as possible a resort to pessaries, has nevertheless had under his care a number of cases in which the employment of such an instrument was the only measure justifiable; and he believes that the hysteropher alluded to will answer all the requisite purposes of a good pessary more fully and satisfactorily than any other. It has received the sanction also of Drs. C. and A. Mayer, Chiari, Braun, Scanzoni, Breslau, and other German practitioners of note. Its advantages, according to Dr. Noeggerath, are its lightness, its touching only a comparatively small circumference of the vagina,

and scarcely any portion of the womb; thus preventing all uneasy sensations, any irritation or ulceration of the vagina, any incarceration of the uterus, or fluor albus. It can be easily introduced and removed; readily brought to its proper position, and easily cleansed by the patient herself.

The fourth article, also by Dr. Noeggerath, is "a contribution to the *pathogenesis of uterine polypi.*" It presents the details of a highly interesting case.

The history of a case of *invagination of the descending colon*, with repeated hemorrhages into the transverse colon, occurring in an infant seven months and a half old, as related by Dr. Jacobi, is a highly interesting one. To understand it correctly, in all its relations, it is requisite to study in detail the symptoms presented during life—the gradual progress to a fatal termination, and the appearances revealed upon a post-mortem examination. The accident in question is of somewhat rare occurrence, especially in young children, and when it does occur its diagnosis is particularly obscure and difficult.

The sixth article, also by Dr. Jacobi, appeared originally in the same journal as the foregoing, for September, 1858. Its subject is the efficacy of the oxysulphuret of antimony as an expectorant in inflammatory diseases of the respiratory organs occurring in infants. In the German Dispensary of the city of New York, the article has been administered, with the best effects, to a large number of patients affected with pneumonia, bronchitis, hooping-cough, etc., of a year old and under, in doses of a grain every two, or even every hour, without vomiting being produced, or only once or twice. The same is true also in reference to patients of two or three years of age, to whom the remedy was given in doses of two grains, four, six or eight times a day.

Dr. Jacobi insists upon the employment of the oxysulphuret of antimony in as large doses, within reasonable limits, as the stomach will tolerate, in order to obtain from it any decidedly beneficial results. The production of vomiting by the first doses taken is by no means an objectionable occurrence—it is to be considered rather favourable than unfavourable. "It has been used, and is used by us," remarks Dr. J., "in inflammations of the larynx, trachea, bronchi, bronchia, and lungs. After the inflammatory fever is removed, and the disease has reached its highest development, it ought to be given alone, or in combination with other agents, in full doses. Not before this stage of the disease can the effects of the remedy be obtained. We have been fortunate enough, generally, to see a speedy recovery follow its administration. We need not add, that it renders the best services in common bronchial catarrh, where full and speedy expectoration is wanted."

The last of the original articles is an elaborate and very able paper by Dr. Jacobi, on *the etiology and prognostic importance of premature closure of the fontanels and sutures of the infantile cranium.*

When we consider the extreme precaution which is observed in the construction and arrangement of the cranial vault, during the early stages of life, in order to secure its gradual ossification and consolidation, so that it may yield and expand with sufficient ease and regularity to permit of the proper and full and regular development of the brain, we would be led, *a priori*, to infer that injurious effects must necessarily result when there takes place a premature arrest of growth of the infant skull, by the too early closure of its fontanels, and the obliteration of its sutures, and we find that such is proved to be the case by the result of numerous cautious observations made by different physicians, in different parts of the world.

As a general rule, liable to few exceptions, it will be found that, in robust, well developed children the large anterior fontanel is closed and the ossification of the skull perfected soon after the age of twelve months, or thereabouts: any considerable deviation from this, especially a much earlier consolidation of the cranium, is always to be viewed as a circumstance of serious import.

After the ossification of the cranial sutures is completed, it will in general, perhaps nearly always, be found that the growth of the flat bones of the skull ceases, and the brain can no longer increase in volume except by forcing asunder the sutures, or by causing absorption of the inner table of the cranium. Not only does the size of the skull depend upon the advancement and seat of

ossification of the sutures—the earlier or later, the partial or total obliteration of certain or all of them—but its symmetrical development, also.

The premature closure of the fontanels and sutures takes place sometimes previously to birth, causing the early death of the infant after delivery, or should it survive, entailing upon it defective mental development, or complete idiocy, with a marked predisposition to convulsive attacks of a more or less severe and dangerous character. In other cases, however, it is during the first few months of extra-uterine life that the entire consolidation of the skull occurs. It is a well established fact, that the perfection of the cerebral functions depends upon the full and equal development of every portion of the brain, and as this must necessarily be prevented by whatever arrests, like the premature closure of the sutures and fontanels, the due and symmetrical growth of the skull, we can easily understand the mischief that must result whenever such premature closure takes place. Thus, we find that, in all cases where there exists any considerable diminution of size and defect of symmetry of the skull, which are almost invariably connected with a too early consolidation of the cranial vault, we are very certain to find an impaired or morbid condition not only of the intellectual faculties, but of the functions, also, of the organs of the special senses, of locomotion and of sensibility. Under the condition referred to, we know that convulsions, deafness, dumbness, mental hebetude, and failure of the sexual instinct are very frequently observed. In other cases, again, abnormal irritability, depraved sensations, epileptic or tetanic seizures, weakness and irregular movements of the muscles of the limbs, are among the prominent morbid phenomena. It is an unquestionable fact, also, that hypertrophy of the brain is occasionally conjoined with the too early obliteration of the fontanels and sutures; in such a case, as we should suppose, the results of impeded cerebral development and of cerebral compression are more promptly and strikingly developed.

While there will always be detected, in cases of too early a consolidation of the cranial vault, some degree of imperfection or other abnormality of the cerebral functions—if no actual disease occur—and while in all such cases the prognosis is highly unfavourable, still it is true that instances do occur, in which, notwithstanding the premature consolidation and consequent arrest of growth of the skull, the infant will nevertheless survive and grow up with, it may be, a feeble and unharmonious development of the mental faculties, and, perhaps, of the special senses, also, but in all other respects will remain apparently in perfect health, until from some accidental cause, an irritation or congestion of the brain or its membranes is induced, by which, sooner or later, the child is destroyed.

"In cases of a slight commencement of cranial ossification," remarks Dr. J., "where the single bones of the cranium are not too firmly attached to each other, febrile attacks may be less injurious, although every one of these, while bringing about congestion, will bring new materials to the completion of the unfortunate osseous hyper-development. Wherever the ossification of the sutures and fontanels is in an advanced stage of development, one single attack of fever, or of any inflammatory disease, even for a day, may produce congestion of the brain and its membranes, in a sufficient degree to cause death by hyperæmia and pressure."

"We desire to remind our readers," Dr. J. observes, in the conclusion of the article, "of the former conclusion, that children whose fontanels and sutures are prematurely ossified, and who manifest symptoms of cerebral irritation or depression, are destined to an early death; and further, from the arguments superadded, we would deduce the following inference—that in all cases of children, whose cranial junctures are prematurely ossified, any acute or febrile disease invading the system, slight though the acute affection may be, offers a most unfavourable prognosis. At all events, we feel justified in drawing the conclusion, that henceforth many cases of infantile diseases which terminate unexpectedly and unfavourably, will be at least explicable to the medical mind, and further, that, to give more exactness to diagnosis, and more certainty to prognosis, the condition of the cranial fontanels and junctures in general will be deemed worthy of the closest attention and examination."

The whole subject, the bare outlines of which we have thus briefly sketched,

is very fully considered by Dr. Jacobi, and its entire literature appealed to, in nearly all its bearings, for facts and observations to sustain the general conclusions at which he has arrived. The article is replete with valuable suggestions, and will yield an amount of gratification and instruction that will amply repay all who may be prompted to study it with care.

The remaining portion of the volume is occupied with the reports on obstetrics and uterine pathology, and infantile pathology, for the year 1858. The first of these reports is divided into twelve sections, which treat respectively of the manuals and reports published during the year named; the anatomy and physiology of the uterus and ovaries; the physiology and pathology of pregnancy, labour, and the puerperal state; the pathology of the ovaries; the pathology and therapeutics of uterine disease, embracing general diagnosis, retarded development, malformations, displacements, uterine and peri-uterine hemorrhages, tumours and structural disease; the pathology of the bladder, vagina, and external genitals; the physiology and pathology of the breasts; the diseases of pregnancy, labour, and child-bed; appendages of fœtus, extra-uterine and multiple pregnancy; remedies; obstetrical operations.

The second report is divided into nine sections, which treat respectively of the manuals that have appeared during the past year, general pathology, dietetics, statistics, etc.; dyscrasic and toxæmic diseases; diseases of the organs of digestion, circulation, respiration and of the nervous system; of the skin and sensory organs; of the genito-urinary system; of the motory organs.

These reports present features equal in interest with those of the first or original department of the volume. They embrace a large amount of highly valuable information; much of it derived from sources access to which is denied, by almost uncontrollable circumstances, to a very large portion of the profession. The editors have made their selections from the leading journals and other publications of the day, with great judgment, and have so arranged and classified them as to render their reports a useful and instructive handbook of the recent additions and improvements in scientific and practical medicine, within the departments to which the reports are specially restricted. We trust that they will receive such an amount of approval and support from their professional brethren as will warrant them in continuing to prepare and publish similar reports through the current and succeeding years. D. F. C.

ART. XX.—*Observations on the History, Pathology, and Treatment of Cancerous Diseases.* Part I. *Melanosis.* By OLIVER PEMBERTON, Surgeon to the Birmingham General Hospital. London, 1858. Pp. 38, with four coloured plates.

THIS brief essay purports to be the first of a series on the several forms of cancer, and is limited strictly to the consideration of melanotic cancer. After a survey of the bibliography of the subject, the author states that the most frequent seat of the disease, when it is a primary affection, is in the skin or the eye. "It has been observed also in its first form in the lower jaw, in the testicle, vagina, and rectum, and it is said likewise to have been seen in the liver. The case is not, however, completely authenticated." (Pp. 5.)

As a secondary deposit, "there is hardly any tissue of the body, in which, in some one or other of the previously described forms, melanotic cancer has not been found." (Pp. 7.)

After describing the various appearances presented by the disease in its several situations, as described by the writers on the subject, the author proceeds to give the details of two cases of melanotic cancer observed by himself in the hospital to which he is attached. These two cases were both examples of melanotic cancer of the skin, the primary disease being seated, in Case I., on the back, and in Case II., on the cheek; they are detailed at length from the commencement of the disease to the fatal termination, including the results of the post-mortem examinations. The four plates which accompany the work illustrate these cases.